



Serving Children with special needs in San Antonio

**Special Reach Scholarship Application Form**

P.O Box 690215 San Antonio TX 78269 Ph: (210) 7847478 E-mail: special.reach@gmail.com

Please type or print clearly.

Please submit this form with a completed program application.

Participant's Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Primary Diagnosis:

\_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

What program are you requesting a scholarship for? \_\_\_\_\_

What are the goals for the participant in the requested program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the financial need for the participant to receive this scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Family Income: \_\_\_\_\_

Family Size: \_\_\_\_\_

Has the participant attended any other program in the past? \_\_\_\_\_ If yes, which one

\_\_\_\_\_ By signing below, the parent is verifying that the information given above is correct.

Signature: \_\_\_\_\_

Scholarships will cover 50% of the Program fee.

Special Reach will select the scholarship recipients, based on the following criteria:

- The suitability of the participant for the program, based on the participant's age, disability, and goals
- Financial need